Population Control Programmes

890. SHRI KAMAL MORARKA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the annual spsnding on population control programmes in the country during the years 1988, 1989 and 1990, tin date;

(b) what is the rate of population growth during 1989 and 1990; till date;

(c) how does Government rate tha achievements in terms of investment in tha population control programmes;

(d) what, with the present rate oi growth of population, country's population is estimated to grow by 2000 A.D.;

(e) which of the State Governments have shown unsatisfactory progress m the inv plementation of the population control programmes; and

(f) what, according to the appraisal, i> *ny, made by Government are deficiencies in policy, planning and implementation and what steps are contemplated by Government to remove the deficiencies?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMBLt WELFARE (SHRI RASHEED xMASOOD> (a) As per the latest available information trom the States, the expenditure incurred on Family Welfare Programme during 1987-88, 1988-89 and 1989-90 in the country is given as under.

Rs. in Crores

Year	Expenditure under National Family Welfare Programme
1987-88 .	590 77
1988-89 .	671-84
1989-90 (Revised Estimates) .	638' 00

(b) The Natural Growth rate of population is obtained as difference between 6irth and death rates as available from sample Registration System of Registrar General, India. While the estimates of Natural Growth Rate for 1989 and 1990 are likely to be available towards the end of 1990 and 199L respectively, (he estimates for 1987 and 1988 are 2.13 per cent and 2.05 per cent respectively.

- (c) On a-multi-faceted complex problem like population control requiring social and attitudinal changes, it is difficult to establish a direct co-relation between the investment and the programme impact-The work done under the National Family Welfare Programme is constantly reviewed/ appraised with reference to three broad indicators namely; Couple Prjie'.tion Rat© (CPR), Birth Rate (BR) and Infant Mortality Rate (IMR). The goals to be reached for these three indicators by the end ot Seventh Five Year Plan and the latest levels estimated to have reached are as follows:

	Goal by the end of the 7th Plan	Latest Achievement available
1. Couple Protection Rate (CPR)	42%	42.7% (31.03.90)
2. Birth Rate (BR) .	29-1 (per 1000 population)	31-5 (per 1000 population) (1988)
3. Infant Mortality Rate (IMR)	90 (per 1000 live births)	94 (per 1000 live births) (1988)

(d) If the natural growth ra$_t$e of popu lation continues at the present level i.e. 2.05 per cent, the population of country as on 1st March, 2001 would work out to 1035.04 millions.

(e) The achievements made by the States under the National Family Welfare Pro gramme interms of three parameters i.e, Couple Protection Rate, Birth Rate and Infant Mortality Rate at the beginning of 7th Five Year Plan and as per latest available position are given in Annexure. *[See* Appendix CLV, Annexure No. 35.]

(if) The major contraints of policy planning an<i implementation of the

Family Welfare Programme *inter-alia* have been low socio-economic status of women, prevailng high Infant Mortality Rate, apprehension in adoption of small family norm, ineduate involvement of people in the programme at grass- root level, inadequate involvement of Voluntary Agencies and Non-Governmental Organisations, and deficiencies in supplies/ services. To keep the population growth in the country within the manageable limits, a well defined strategy has been evolved which lays emphasis on improving quality of health services, strengthening health infrastructure, enhancing child" survival rates through Universal Immunisation Programme, intensifing population education, enhancing community participation, adopting improved communication approaches and involving voluntary organisations. Besides, schemes of re-inforcement of training and retraining of personnel at the grass-root level, establishing and strengthening linkages with related development programmes like female literacy and improvement of womens status and adoption of area intensive approach are being implemented and will be further strengthened. In order to cater to the special requirements, a number of area projects for augumenting the infrastructure for health and family welfare service delivery system and the training of medical and para-medical staff have been taken up in selected states.

Call of strike by drug industry and trade

891. SHRI N. E. BALARAM: Will the Minister of PETROLEUM AND CHEMICALS be pleased to state:

(a) whether it is a fact that drug industry and trad$_e$ have annou nced 'i country-wide two day bandh on the 7th and 8th August, 1990; and

(b) *it* so, what are their demands and what is Government's reaction thereto?

THE MINISTER OF PETROLEUM AND CHEMICALS (SHRI M. S. GURUPADASWAMY): (a) and (b) The strike call given by drug industry and trade has been withdrawn by them.

Asthma treatment by fish medicine

892. SHRI SHAMIM HASHMI: Wilt the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

Ca) Vfhether Government are aware that one Mr. Goud is administering a fish medicine for Asthma at Hyderabad only o$_n$ Mrigaswa Karti day which is once in a ye?', as reported in Deccan caronicle ex the 9th June, 1990;

(b) if so, what are the details thereof;

(c) whether this treatment has been tested hy any of the Government institutions; if so, with what results; and

(d) whether Government have any details of number of persons who have used this treatment and how many of them were cured?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH A. FAMILY WELFARE (SHR: RASHEED MASOOD); (a) No, Sir.

(to) to (d) The question does not arise.

Decisions by Indian Commercial Pilots' Association not to fly A-320 Aircraft

893. SHRI GURUDAS DAS GUPTA;

SHRI CHATURANAN MISHRA:

Will the Minister of CIVIL AVIATION te pleased to state:

(a) whether any decision has been taken to resume *&$tts* of the Airbus A-320;

(b) if so, what are the details thereof;